

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-600)**

SERIAL NO.
621687
APPLICANT

FILING DATE
7-21-00

CLAIMS

	AS FILED		AFTER 1 ST RECONSIDERATION		AFTER 2 ND RECONSIDERATION	
	W/O.	O.P.	W/O.	O.P.	W/O.	O.P.
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
32						
33						
34						
35						
36						
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						

436/40

	W/O.	O.P.	W/O.	O.P.	W/O.	O.P.
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL						